

CORRESPONDENCE

The Differential Diagnosis of Food Intolerance

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Dipl.-Psych. Andrea Silbermann, Prof. Dr. med. Eckhart G. Hahn,
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Conflict of interest statement

The authors declare that no conflict of interest exists according to the guidelines of the International Committee of Medical Journal Editors.

Correction Required

The authors describe the differential diagnoses and the methodological approach and refer to national guidelines, the PubMed and Cochrane databases, and their own data registry. Since some of their statements do not reflect current insights or are not in line with recommendations of current guidelines but may be misunderstood in everyday clinical practice, these paragraphs urgently need correcting.

We wish to take up the following points:

- The diagnostic approaches shown in *Figure 3*, which include measurements of methylhistamine, or fecal elastase 1, immunocomplexes, mediators of the mucosa oxygenation, and segmental intestinal lavage, are not among the established procedures to diagnose food intolerance.
- The details on therapeutic measures in mastocytosis are not consistent with the recommendations of the medical specialty societies. There are no adequate data for treatment with corticosteroids, ciclosporin, and above all, the leukotriene receptor antagonist montelukast. No controlled clinical trials are available; these drugs are not licensed for treatment of mastocytosis.
- Except for IgE mediated immediate reactions, no confirmed results exist for reactions based on the Coombs and Gell type I–IV allergy with regard to their frequency and importance as a cause of immunologically mediated food intolerances.

We welcome the fact that this important and much discussed topic was conceived as a CME article by *Deutsches Ärzteblatt*. However, this makes it even more important that all reported data are based on scientifically confirmed results and recommendations from current guidelines—standard clinical practice should not be based on published opinions of individuals.

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Clinical Relevance

According to the authors, the article by Zopf and colleagues reflects the current state of knowledge about food intolerances on the basis of national guidelines and recognized databases. However, in many aspects the article does not reflect allergological guidelines or current knowledge. One example is the whole area of non-immunologically mediated food intolerances (non-allergic food intolerances): the authors include in this category intolerances with extremely varied underlying pathomechanisms and report an overall prevalence of 15–20%. The summary does not reflect the current terminology used by the European Academy of Allergy and Clinical Immunology (EAACI) and implicates a wrong impression for readers with regard to the clinical relevance of the listed intolerances.

- Although the reported prevalence of 15% for lactose intolerance is correct, the prevalence of intolerances to additives is much lower, at less than 1%. Individual additives are even less clinically relevant.
- Intolerance to salicylates has not been confirmed for ingestion via food but primarily after administration as a medical drug (for example, in ASS intolerance).
- The so called histamine intolerance is attributed to a deficiency of the histamine-degrading enzymes diaminoxidase (DAO) and, possibly, histamine-N-methyltransferase (HNMT). Such deficiencies have been reported in the literature in individual cases, but it is not known whether symptoms after oral ingestion of small amounts of histamine are caused by such an impaired histamine breakdown. A pathology with a genetic enzyme deficiency of diaminoxidase, such as is reported in *Table 1*, has not been confirmed.

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